

SHADED ITEMS ARE FOR AGENCY USE ONLY AND NO INFORMATION SHOULD BE ENTERED BY THE MEASUREMENT PROVIDER. ITEMS IN **BOLD CAPITALS** MUST BE COMPLETED OR THIS FORM WILL BE RETURNED TO YOU. ITEMS MARKED WITH AN ASTERISK (*) SHOULD BE COMPLETED BASED ON THE CODES LISTED ON THE BACK OF THIS FORM.

ATTENTION: A statistically valid random sampling technique with extrapolation may be used for determining overpayments/underpayments to individual providers.

Signature and Title of Authorized Agent _____ Date _____
A facsimile stamp is not acceptable.